

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 597956

FILING DATE

8.14.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
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14		13				
15		14				
16		15				
17		16				
18		17				
19		18				
20	1		1			
21		1		1		
22	1		1			
23		1		1		
24		2		1		
25	1		1			
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48						
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						